## JC02 Rec'd PCT/PTC 28 MAR 2005

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| TRANSMITTAL LETTER TO THE UNITED STATES  ATTORNEY'S DOCKET NUMBER                                                                                                  |                                                                                                                                                                   |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| DESIGNATED/ELECTED OFFICE (DO/EO/US)  U.S. APPLICATION NO. (If known, see 37 CFR 1)                                                                                |                                                                                                                                                                   |  |  |  |  |  |  |  |
| CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 TBA 10/529444                                                                                                          |                                                                                                                                                                   |  |  |  |  |  |  |  |
|                                                                                                                                                                    | FIGURE APPLICATION NO. INTERNATIONAL FILING DATE PRIORITY DATE CLAIMED March 22, 2002                                                                             |  |  |  |  |  |  |  |
| TITLE OF INVENTION METHOD FOR PRODUCING COPOLYMERIC POLYACRYLATE PRESSURE-SENSITIVE ADHESIVE SUBSTANCES, AND NITROXIDE-MODIFIED                                    |                                                                                                                                                                   |  |  |  |  |  |  |  |
| APPLICANT(S) FOR DO/EO/US                                                                                                                                          |                                                                                                                                                                   |  |  |  |  |  |  |  |
| Marc HUSEMANN and Stephan ZOLLNER  Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: |                                                                                                                                                                   |  |  |  |  |  |  |  |
| 1. 🗸                                                                                                                                                               | This is a FIRST submission of items concerning a submission under 35 U.S.C. 371.                                                                                  |  |  |  |  |  |  |  |
| 2.                                                                                                                                                                 | This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371.                                                                   |  |  |  |  |  |  |  |
|                                                                                                                                                                    | This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. |  |  |  |  |  |  |  |
| 4. 🗸                                                                                                                                                               | The US has been elected (Article 31).                                                                                                                             |  |  |  |  |  |  |  |
| 5. 🗸                                                                                                                                                               | A copy of the International Application as filed (35 U.S.C. 371(c)(2))                                                                                            |  |  |  |  |  |  |  |
|                                                                                                                                                                    | a. is attached hereto (required only if not communicated by the International Bureau).                                                                            |  |  |  |  |  |  |  |
| . <b>∗s</b> 2.                                                                                                                                                     | b. An has been communicated by the International Bureau.                                                                                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                    | c. is not required, as the application was filed in the United States Receiving Office (RO/US).                                                                   |  |  |  |  |  |  |  |
| 6. 🗹                                                                                                                                                               | An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).                                                                  |  |  |  |  |  |  |  |
|                                                                                                                                                                    | a. is attached hereto.                                                                                                                                            |  |  |  |  |  |  |  |
| _                                                                                                                                                                  | b. has been previously submitted under 35 U.S.C. 154(d)(4).                                                                                                       |  |  |  |  |  |  |  |
| 7.                                                                                                                                                                 | Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))                                                              |  |  |  |  |  |  |  |
|                                                                                                                                                                    | a. are attached hereto (required only if not communicated by the International Bureau).                                                                           |  |  |  |  |  |  |  |
|                                                                                                                                                                    | b. have been communicated by the International Bureau.                                                                                                            |  |  |  |  |  |  |  |
|                                                                                                                                                                    | c. have not been made; however, the time limit for making such amendments has NOT expired.                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                                    | d. I have not been made and will not be made.                                                                                                                     |  |  |  |  |  |  |  |
| 8. 🔲                                                                                                                                                               | An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).                                                       |  |  |  |  |  |  |  |
| 9.                                                                                                                                                                 | An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).                                                                                                  |  |  |  |  |  |  |  |
| 10.                                                                                                                                                                | An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).                    |  |  |  |  |  |  |  |
| Items                                                                                                                                                              | 11 to 20 below concern document(s) or information included:                                                                                                       |  |  |  |  |  |  |  |
| 11.                                                                                                                                                                | An Information Disclosure Statement under 37 CFR 1.97 and 1.98.                                                                                                   |  |  |  |  |  |  |  |
| 12.                                                                                                                                                                | An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.                                                 |  |  |  |  |  |  |  |
| 13.                                                                                                                                                                | A preliminary amendment.                                                                                                                                          |  |  |  |  |  |  |  |
| 14.                                                                                                                                                                | An Application Data Sheet under 37 CFR 1.76.                                                                                                                      |  |  |  |  |  |  |  |
| 15.                                                                                                                                                                | A substitute specification.                                                                                                                                       |  |  |  |  |  |  |  |
| 16.                                                                                                                                                                | A power of attorney and/or change of address letter.                                                                                                              |  |  |  |  |  |  |  |
| 17.                                                                                                                                                                | A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825.                                                     |  |  |  |  |  |  |  |
| 18. 🗸                                                                                                                                                              | A second copy of the published International Application under 35 U.S.C. 154(d)(4).                                                                               |  |  |  |  |  |  |  |
| 19. 🗸                                                                                                                                                              | A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).                                                     |  |  |  |  |  |  |  |
| 20. 🗸                                                                                                                                                              | Petition for Revival of International Application; Express Mail Certificate, Fee Transmittal Sheet (in duplicate) and Return Other items or information: Postcard |  |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents. P.O. Box 1450, Alexandria VA 22313-1450.

## JC06 Rec'd PCT/PTO 28 MAR 2005

Approved for use through 3/31/2007. OMB 0651-0021
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| U.S. APPLICAT                                                                                                                                                                                                                | TION NO. (if known, see 3                                                                 | ATTORNEY'S DOCKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |               |                         |        |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------|-------------------------|--------|--|--|--|
| TBA                                                                                                                                                                                                                          | 10/529                                                                                    | 101769-301-WCG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |               |                         |        |  |  |  |
| 21. The followi                                                                                                                                                                                                              | ng fees are submitted:                                                                    | Applicant use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Office use only                                                   |               |                         |        |  |  |  |
| ✓ a) Basic na                                                                                                                                                                                                                | ational fee                                                                               | \$ 300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |               |                         |        |  |  |  |
| b) Examin                                                                                                                                                                                                                    | ation fee                                                                                 | \$ 200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |               |                         |        |  |  |  |
| c) Search f                                                                                                                                                                                                                  | fee                                                                                       | \$ 500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              | TOTAL OF ABOVE CAL                                                                        | \$ 1,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |               |                         |        |  |  |  |
| listing or co                                                                                                                                                                                                                | ee for specification and d<br>imputer program listing file<br>to sheets of paper or fract |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |               |                         |        |  |  |  |
| Total Sheets                                                                                                                                                                                                                 | Extra sheets                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | each additional 50 or fraction round <b>up</b> to a whole number) | RATE          |                         |        |  |  |  |
| 30 - 100 =                                                                                                                                                                                                                   | 0                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                 | x \$250.00    | \$ O                    |        |  |  |  |
|                                                                                                                                                                                                                              | 30.00 for furnishing the ordinate (37 CFR 1.492(e)).                                      | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |               |                         |        |  |  |  |
| CLAIMS                                                                                                                                                                                                                       | NUMBER FIL                                                                                | .ED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NUMBER EXTRA                                                      | RATE          | \$                      |        |  |  |  |
| Total claims                                                                                                                                                                                                                 | 19                                                                                        | - 20 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                 | x \$50.00     | \$ 0                    |        |  |  |  |
| Independent clai                                                                                                                                                                                                             | ims 5                                                                                     | - 3 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2                                                                 | x \$200.00    | \$ 400.00               |        |  |  |  |
| MULTIPLE DEP                                                                                                                                                                                                                 | ENDENT CLAIM(S) (if ap                                                                    | plicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | + \$360.00    | \$                      |        |  |  |  |
|                                                                                                                                                                                                                              |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL OF ABOVE CA                                                 |               | \$ 400.00               | ¥      |  |  |  |
| Applicant of by ½.                                                                                                                                                                                                           | claims small entity status.                                                               | See 37 CFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.27. The fees indicated abov                                     | e are reduced | \$                      | 114-41 |  |  |  |
|                                                                                                                                                                                                                              |                                                                                           | \$ 1,400.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |               |                         |        |  |  |  |
| _                                                                                                                                                                                                                            | of <b>\$130.00</b> for furnishing to<br>date (37 CFR 1.492(f)).                           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              |                                                                                           | \$ 1,400.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              | g the enclosed assignmente cover sheet (37 CFR 3.                                         | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              |                                                                                           | \$ 1,400.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                |               |                         |        |  |  |  |
| a. A check in the amount of \$ to cover the above fees is enclosed.                                                                                                                                                          |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              | _                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |               |                         |        |  |  |  |
| c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1263                                                                       |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |               |                         |        |  |  |  |
| d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |               |                         |        |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.               |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |               |                         |        |  |  |  |
| SEND ALL COR                                                                                                                                                                                                                 | RRESPONDENCE TO:                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                 | / /m          | $\mathcal{L}_{\lambda}$ |        |  |  |  |
| Customer                                                                                                                                                                                                                     | No. 27386                                                                                 | Colbest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |               |                         |        |  |  |  |
| Norris McI                                                                                                                                                                                                                   | Laughlin & Marcu                                                                          | C. Gerstenzan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ıg                                                                |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              | Avenue, 18th Flo                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |               |                         |        |  |  |  |
|                                                                                                                                                                                                                              | , New York 1002:                                                                          | ON MUNICIPAL CONTRACTOR OF THE |                                                                   |               |                         |        |  |  |  |
| [                                                                                                                                                                                                                            |                                                                                           | ON NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |               |                         |        |  |  |  |



101769-301-WCG

Applicants

Marc HUSEMANN, et al.

Serial No.

TBA (371 of PCT/EP03/01833 filed February 24, 2003)

Filed

Herewith

For

METHOD FOR PRODUCING COPOLYMERIC

POLYACRYLATE PRESSURE-SENSITIVE ADHESIVE

SUBSTANCES, AND NITROXIDE-MODIFIED

POLYACRYLATES AND COMB BLOCK POLYMERS

**OBTAINED THEREBY** 

## **EXPRESS MAIL CERTIFICATE**

"Express Mail" mailing label number EV586235415US Date of Deposit March 28, 2005

I hereby certify that the following items:

- Transmittal Letter to the United States Designated/Elected Office (DO/EO/US) Concerning a Filing Under 35 U.S.C. 371 (in duplicate) CHARGE DEPOSIT ACCOUNT \$1,400.00
- 2. Petition for Revival of an International Application Designating US Abandoned Unintentionally under 37 CFR 1.137(b)
- 3. Fee Transmittal (in duplicate) CHARGE DEPOSIT ACCOUNT \$1,500.00
- 4. English language translation of international application (spec pages 1-27 and claims pages 28-30)
- 5. First Preliminary Amendment (9 sheets)
- 6. Second copy of published international application (WO 03/080689)
- 7. Second copy of English language translation of international application
- 8. Application Data Sheet (3 sheets)
- 9. Self-Addressed Postcard

are being deposited with the United States Postal Services "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the: MAIL STOP PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

R۷

Zsuzsa Schuste